

SECRETARY OF STATE  
STATE CAPITOL  
500 E. CAPITOL AVE.  
PIERRE, S.D. 57501  
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**APPLICATION FOR REINSTATEMENT  
OF A DOMESTIC  
LIMITED LIABILITY COMPANY**

**Pursuant to SDCL 47-34A-811, the following domestic Limited Liability Company applies for reinstatement.**

1. The name of the Limited Liability Company is: \_\_\_\_\_
2. The date of its administrative dissolution \_\_\_\_\_
3. State that the ground or grounds for dissolution either did not exist, or have been eliminated by filing all required reports and paying all fees \_\_\_\_\_  
\_\_\_\_\_
4. The LLC's name satisfies the requirements of SDCL 47-34A-105.
5. **Attached hereto is a certificate from the Department of Revenue reciting that any taxes owed by the LLC have been paid.**

Application must be signed by a manger if manger-managed or by a member if member-managed.

Dated \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)

**Filing Fee:** Fee schedule is printed on the annual report form. The amount due is determined by the contribution amount shown on the annual report.

**The application for reinstatement must be accompanied by the delinquent annual reports and fees as noted on the report forms and a Tax Clearance Certificate from the South Dakota Department of Revenue.**